

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		3					54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL P.	0	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL AIMS	16						TOTAL CLAIMS						